

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009897

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

484

STATE FILE NUMBER

FILE MAR 5 1963

VS-300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Hts.</b>		Length of stay in 1b. <b>40 Min.</b>	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8003 Wayland Ct.</b>
3. NAME OF DECEASED (Type or print) <b>Phillip Dale Ramsey</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>13</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-13-1963</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months <b>10</b> Days <b>10</b> Hours <b>10</b> Min. <b>10</b>
11a. FATHER'S NAME <b>Dale Ramsey</b>		11b. BIRTHPLACE (City and state or country) <b>Richmond Hts., Mo.</b>	
12a. MOTHER'S MAIDEN NAME <b>Teresa Cummings</b>		12b. NAME OF HUSBAND OR WIFE <b>Nil</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. SOCIAL SECURITY NO. <b>Dale Ramsey - 8003 Wayland Ct.</b>	
15. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congenital brain defect</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:15</b> a.m. <b>3:15</b> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>	
21. I attended the deceased from <b>birth 205 a</b> to <b>death 3:15 p</b> and last saw her alive on <b>2-13-63</b> Death occurred at <b>3:15 AM 2-13-63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul E. Guller M.D.</b>		22b. ADDRESS <b>201 S. Central</b>	22c. DATE SIGNED <b>2-13-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-13-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Jay B. Smith - 7456 Manchester</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-63</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision:

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.